

Idaho Organic Farm Certification Update Questionnaire

This form should be filled out by crop producers requesting an update of organic certification. Use additional sheets if necessary. Attach field history sheet for current year, updated farm maps (if any changes), and activity and input records.

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Name		Farm Name		Type of Farm/Crops	
Address		City		For office Use Only	
State		Postal/Zip Code		Date received	
		County		Date reviewed	
Phone		Fax		Reviewer	
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation				Organic Certification No.	
<input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify					
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies	Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no		
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.			
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					

SECTION 2: Minor Non-Compliances		NOP Rule 205.406(a)(3)
Did you have any minor non-compliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please complete the following table, listing each minor non-compliance.		
Minor Non-compliance	Describe how you addressed the minor non-compliance.	

SECTION 3: Organic Plan Update			NOP Rule 205.406(a)(1)
A. Current crop plans			
Please complete the following table for all current year's crops or products requested for certification.			
Crops Requested for Certification	Field Numbers	Total Acres/Hectares	Projected Yields

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan Questionnaire?

Have you reviewed your Organic Farm Plan Questionnaire? ☐ yes ☐ no Date of review:

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary.

Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or rented fields*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seedlings and perennial stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

*** If you have newly purchased land or have rented land this year that is being requested for certification, attach a signed statement from the previous owner (if purchased) or current owner (if renting) attesting to previous 3 year history and inputs applied.**

C. Inputs

List all seeds used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. *Have all labels and receipts available for the inspector.*

Seed/Variety/Brand	Organic (✓)	Untreated (✓)	Treated (✓)	GMO (✓)	Type/Brand of Treatment Fungicide	Inoculant	Describe your attempts to use organic/untreated seed?

<p>List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on proposed organic and transitional fields. Use additional sheets if necessary. All inputs used must be listed.</p> <p><i>Have all labels and receipts available for the inspector.</i> <input type="checkbox"/> No inputs used</p>						
Product	Brand name or source	Status: Approved (A) Restricted (R) Prohibited (P)	If restricted, describe compliance with NOP Rule Annotation	Check if GMO (✓)		

D. Monitoring Practices and Procedures

Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

Fertility Management Program

Rate the effectiveness of your fertility management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Natural Resource Management

Rate the effectiveness of your soil conservation program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:Maintenance of Organic Integrity

☐yes ☐no Adjoining land uses, buffers, notification letters, posting signs

☐yes ☐no Input equipment cleaning (sprayers, planters, etc.)

☐yes ☐no Harvest equipment cleaning

☐yes ☐no Crop testing for contaminants (prohibited materials, GMOs)

☐yes ☐no Post harvest handling

☐yes ☐no Crop storage cleaning

☐yes ☐no Transportation of organic crops

Recordkeeping

☐yes ☐no Compost production records

☐yes ☐no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products

☐yes ☐no Complaint log

E. NATURAL RESOURCES:

NOP Rule 205.200 and 205.203(a) requires that production practices maintain or improve the natural resources of the operation, including soil and water quality. Practices must minimize erosion. Water tests may be required for nitrate and coliform bacteria if water is used for washing/processing organic products or for organic livestock. Irrigation water should not contaminate organic crops with prohibited materials. Methods to conserve water usage should be part of the irrigation plan.

What soil conservation practices are used? ☐ terraces ☐ contour farming ☐ strip cropping ☐ winter cover crops

☐ undersowing/interplanting ☐ conservation tillage ☐ permanent waterways ☐ windbreaks ☐ firebreaks

☐ tree lines ☐ retention ponds ☐ riparian management ☐ maintain wildlife habitat ☐ other (specify)

WHAT SOIL EROSION PROBLEMS DO YOU EXPERIENCE (WHY AND ON WHICH FIELDS)?

☐ NONE

Describe your efforts to minimize soil erosion problems listed above.

Describe how you monitor the effectiveness of your soil conservation program.

How often do you conduct conservation monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed

☐ other (specify)

WATER USE:

☐ none

☐ irrigation ☐ livestock ☐ foliar sprays ☐ washing crops ☐ greenhouse ☐ other (specify)

Source of water: ☐ on-site well(s) ☐ river/creek/pond ☐ spring ☐ municipal/county ☐ irrigation district
☐ other (specify)

Attach current water tests for nitrates and coliform bacteria, per certifying agent policy.

Type of irrigation system: ☐ none
☐ drip ☐ flood ☐ center pivot ☐ other (specify)

What input products are applied through the irrigation system? ☐ none

What products do you use to clean irrigation lines/nozzles? ☐ none

Is the system shared with another operator? ☐ Yes ☐ No
 If yes, what products do they use?

Is the system flushed and documented between conventional and organic use? ☐ Yes ☐ No

WHAT PRACTICES ARE USED TO PROTECT WATER QUALITY?

☐ fencing livestock from waterways ☐ scheduled use of water to conserve its use ☐ tensiometer/monitoring
☐ laser leveling/land forming ☐ drip irrigation ☐ micro-spray ☐ other (specify)

List known contaminants in water supplies in your area. *Attach residue analysis and/or salinity test results, if applicable.*

Describe your efforts to minimize water contamination problems listed above. ☐ Not applicable

Describe how you monitor the effectiveness of your water quality program.

How often do you conduct water quality monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed
☐ other (specify)

Section 4 Annual Summary of Organic Crop Yield and Sales					NOP Section 205.103
The following organic crops/products have been sold from _____(date) to _____(date).					
Crops/Products	# of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

Section 5 Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I

understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule.

Signature of Operator _____ Date _____

I have attached the following documents:

- ☐ Updated maps of all parcels/fields (showing adjoining land use and field identification)
 - ☐ Field history sheets for current crops
 - ☐ Documentation for fields owned or rented for less than three years, if applicable
 - ☐ Water test, if applicable
 - ☐ Soil and/or plant tissue tests, if applicable
 - ☐ Residue analyses, if applicable
 - ☐ Input product labels, if applicable
 - ☐ Organic product labels, if applicable
- ☐ I have made copies of this questionnaire and other supporting documents for my own records.